



State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures **RECEIVED**

DEC 28 2006

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

S.D. SEC. OF STATE

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Burg for S.D. House of RepresentativeComplete Mailing Address 38678 S.D. Hwy 34 Wess. Spr. S. Dak 57382Name of Person Making Report Quinton h. Burg Daytime Phone Number 605-539-1373If you are a candidate, what office are you seeking? S.D. House Representative

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Candidate for legislative

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) _____

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I _____ (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 12-28-2006Quinton h. Burg
Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 28th day of
December 06
Chi Nelson
SECRETARY OF STATE

Name of Candidate or Committee Burg for S.D. House Rep.For the reporting period ending Dec. 31 - 2004

Schedule A - Direct Contributions (continued)

Unitemized Contributions from Political Parties:

*\$ _____

Itemized Contributions from Political Parties

Party Name	Address	
Beadle County Dem. Women	Huron	\$ 200
Jerard County Dem	Jerard	275
Hand County Dem	Miller	100
Beadle County Dem	Huron	200
		100
		\$ _____

Total of Itemized Contributions from Political Parties:

*\$ 4775

Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

PAC Name	Address	
S.D. ASS. of Health Care	804 Western Ave. Sioux Falls, S.D. 57104-2098	\$ 250
S.D. Mud Pac	1323 ^{South} Minnesota Ave. Sioux Falls S.D. 57105	\$ 300
S.D. R Pac	411 East Capitol Ave. Pierre S.D. 57501	\$ 300
S.D. E Pic Pac	204 N Euclid Ave. Pierre S.D. 57501	\$ 2000
Well Pac	PO Box 9232 Des Moines Iowa 50306-9232	\$ 100
S.D. D. Pac	804 N Euclid Ave. 103 Pierre 57501	\$ 100
United Transportation Union	P.O. Box 671 Edgemont S.D. 57735	\$ 125
S.D. Certified Registered Anesthetist	2015 S Hillview Rd. Sioux Falls S.D. 57110	\$ 100
S.D. Chiropractic Pac	PO Box 57 Pierre S.D. 57501	\$ 200
COTEI Pac	PO Box 57 Pierre, S.D. 57501	\$ 250
S.D. Action Committee	Box 1138 Pierre, S.D. 57501	\$ 500
United Food & Commercial Workers	1615 Fairway Ave. Sioux Falls S.D. 57103	\$ 50
Action Comm. for Ethanol	PO Box 184 Sioux Falls, S.D. 57101	\$ 100
S.D. Trucking Pac	PO Box 89008 Sioux Falls S.D. 57109	\$ 250
S.D. Health Care ASS.	804 Western Ave. Sioux Falls S.D. 57104-2098	\$ 200
I F A. Pac	PO Box 877 Pierre S.D. 57501	\$ 150
S.D. Corn Growers ASS.	5109 S Cassing Place S. Fall 57108	\$ 200
S.D. Action Committee	Box 1138 Pierre S.D. 57501	\$ 100
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Total of Itemized Contributions from Political Action Committees:

*\$ 5275

Total of All Direct Contributions (Sum of all lines with an *)

\$ 6050

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total:	

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Auto call		73.67
Total:		

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	

Schedule F - Debts and Obligations

[illegible]

Total Obligations:

Name of Candidate or Committee: Burg for S.D. House Rep.For the reporting period ending: Dec. 31 - 2006**Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period:

\$ 139.85 ~~111.55~~
\$ ~~3~~

2. Receipts

Schedule A - Direct Contributions \$ 9386

Schedule B - Fund-Raising Events \$ _____

Schedule C - In Kind Contributions \$ 73.67

Schedule D - Other Income \$ _____

Total of all Receipts \$ 9453.67

9436.18
\$ ~~9386.53~~

3. Total Monetary Receipts (A+B+D)

\$ 9453.67

4. Candidate's Personal Contribution to Own Campaign

\$ _____

5. Monetary Loans to Candidate or Committee During Reporting Period

\$ _____

6. Monetary Loans Repaid During Reporting Period

\$ _____

7. Expenditures - Schedule E

\$ 9353.94

8. Unpaid Obligations - Schedule F \$ _____

9. Amount on hand at the close of this reporting period. *

This should equal lines (1+3+4+5) - (6+7)

\$ ~~82.24~~
92.24

SECRETARY OF STATE

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500 East Capitol Avenue
Pierre, South Dakota
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www.sdsos.gov

**Chris Nelson**

Secretary of State

Chad Heinrich
Deputy

State of South Dakota

**Voluntary Statement of Organization for a
Political Action or Ballot Question Committee**

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

FULL NAME OF COMMITTEE: _____

MAILING ADDRESS: _____

COMMITTEE TREASURER: _____

PHONE: _____

TYPE OF COMMITTEE (PAC or Ballot Question): _____

If you are a ballot question committee, please also indicate the measure which you are supporting or opposing.

Date: _____

Signature of person submitting voluntary registration